

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	3/26/00
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	49	3/21/00
FORMALITY REVIEW	<i>[Signature]</i>	600125	5/23/00
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	1091	9/30/02

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
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Best Available Copy

Resub  
9/2/03